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I. Summary

Hungary continues to be a primary narcotics transit country between Southeast Asia and Western Europe due to its combination of geographic location, a modern transportation system, and the unsettled political and social climate in the neighboring countries of the former Yugoslavia. Since the collapse of communism in Europe, Hungary has become a significant consumer of narcotics as well. Drug abuse, particularly among persons under 40 years of age, rose dramatically during the nineties and continues to increase. The illicit drugs of choice in Hungary are heroin, marijuana, amphetamines, and Ecstasy (MDMA). Although the abuse of opium-poppy straw, barbiturates, and prescription drugs containing benzodiazepine is growing, their share in total drug abuse is declining. In the lead-up to its accession to the European Union in May 2004, Hungary adopted and amended much of its narcotics-related legislation to ensure harmonization with relevant EU narcotics law. Since 2004, the Ministry of Social Affairs and Labor has been the lead ministry in all matters related to narcotics issues. Hungary continues to expand the collection and reporting efforts of its National Narcotics Data Collection Center. The Center was established in 2004 to report valid, comparable, and reliable data on drug abuse trends to the European Monitoring Center for Drugs and Drug Addiction. Hungary met Schengen Standards for border control and joined the Schengen area on December 21, 2007. Hungary is party to the 1988 UN Drug Convention.

II. Status of Country

Hungary continues to be a primary transit route for illegal narcotic smuggling from Southwest Asia and the Balkans into Western Europe. Traditional routes in the Balkans that had been disrupted due to the instability in the former Republic of Yugoslavia are again being utilized to transport narcotics. Hungarian Ministry of Justice and Law Enforcement and Border Guard officials reported narcotics smuggling to be especially active across the Ukrainian, Romanian, and Serbian borders. Foreign organized crime, particularly from Albania, Turkey, and Nigeria, controls transit and sale of narcotics in Hungary. Concurrently, Hungarian drug suppliers and criminal networks are getting stronger and are involving an increasing number of immigrants and ethnic minorities in the transport, sale, and distribution of narcotics. Officials report the increasing seriousness of Hungary's domestic drug problem, particularly among teens and those in their twenties.

III. Country Actions Against Drugs in 2008

POLICY INITIATIVES: The Drug Prevention Coordination Committee, created in 1998, facilitates the implementation of the country's national counternarcotics strategy and

coordinates among different ministries and national authorities to combat drug abuse. A National Drug Strategy was adopted by the government in 2000 and contains key action plans to address the strategy's goals. The next strategy will be prepared in 2009 and will cover the period starting from 2010. A National Narcotics Data Collection Center, established in 2004, in the National Epidemiological Center of the National Public Health Network, is charged with the compilation of an annual report of data for the European Monitoring Center for Drugs and Drug Addiction. The National Drug Prevention Institute (NDPI) was set up in 2000 to provide technical and financial support for drug action teams in cities with populations over 20,000. The NDPI encourages the creation of a local fora composed of officials of local government institutions, law enforcement agencies, schools, and non-governmental organizations to create local drug strategies customized for local needs. In 2008, the Department for the National Coordination of Drug Affairs of the Ministry of Social Affairs and Labor became the Directorate for the National Coordination of Drug Affairs, within the same ministry. The change helped to increase the profile of the drug policy makers within the government and improve their effectiveness.

Hungary continued to maintain strong regional expert relations with neighboring countries, including Croatia and Romania. They collaborated on initiatives including regular study visits and expert conferences to facilitate information exchange in the drug policy field. As a member of the EU, Hungary also maintained regular contact with other member states. Hungary will be the co-chair of the Balkan Regional Group within the framework of the Central Dublin Group in 2009.

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LAW ENFORCEMENT EFFORTS: Hungary met Schengen standards for border control by the end of December 2007, and joined the Schengen area. The Hungarian Border Guards were merged with the Hungarian National Police (HNP) and greater cooperation, information sharing, and efficiency in border interdiction resulted. Accession to the EU provided Hungarian border guards and national police forces with greater access to modern electronic equipment provided by the EU to certain high-threat border posts. This equipment was initially installed in 2003, and has continued to result in improved border interdiction of all types of contraband. Expanded investigative authorities and cooperation between Hungarian border guards and the HNP, coupled with investigative agreements with neighboring countries, have also played a significant role in increasing Hungary's ability to interdict shipments of narcotics. Despite their successes, Hungary continues to be a significant trans-shipment point for narcotics destined for, and sent from, Western Europe. The Hungarian Ministry of Finance and the national headquarters of the Customs and Finance Guard supported anti-narcotics and anti-smuggling activities as well. These groups jointly planned and staged actions related to crime and border security that were specifically designed to prevent drug trafficking and a wide range of illicit transit and smuggling activities.

In connection with Hungary's accession to the EU, the Hungarian Ministry of Interior had prepared a unified drug interdiction strategy for the HNP and Border Guards for the period 2005-2012 in line with the requirements of the EU drug strategy. The stated goals of this strategy are to guarantee the security of society, combat the illegal production and smuggling of drugs and precursors, facilitate joint actions with the EU member countries, as well as combat production, trading, and consumption of synthetic drugs.

According to the Ministry of Social Affairs and Labor, the number of criminal drug cases has continued to increase. Much of the increase is attributed to the transition from penalty-based court and social systems to treatment-based

court and social systems, which are alleged to have eliminated negative individual consequences for drug use. The cooperation between the HNP and the U.S. Drug and Law Enforcement Administration (DEA) office in Vienna, Austria, has decrease from previous years, with the DEA reporting the relationship is "almost non-existent."

Seizure data provided by the National Bureau of Investigation covering the first six months of 2008 indicate that police seized 10 kilograms of heroin, 13.3 kilograms of cocaine, 22 kilograms of amphetamine, 65,000 ecstasy tablets, and 20 kilograms of dried cannabis plants. The most current complete seizure data as reported by the Institute for Forensic Sciences in 2006 is below:

Herbal cannabis, 1540 seizures, 266.5 kg
Cannabis plant, 50 seizures, 3529 pieces
Cannabis resin, 67 seizures, 3.0 kg
Heroin, 144 seizures, 131.1 kg
Cocaine, 113 seizures, 7.3 kg
Amphetamines, 368 seizures, 21.81 kg
Methamphetamine, 11 seizures, 0.013 kg
Ecstasy, 145 seizures, 138,278 tablets
LSD, 13 seizures, 2148 doses

CORRUPTION: As a matter of government policy, Hungary does not encourage or facilitate the illicit production or distribution of drugs or substances, or the laundering of proceeds from illegal drug transactions. No cases of official corruption involving narcotics trafficking have come to the USG's attention. The Government of Hungary (GOH) aggressively enforces its narcotics-related laws. In addition, it takes administrative steps (e.g. the regular re-posting of border guards) to reduce the temptation for corruption whenever it can. On the other hand, it is difficult to assess accurately the scope and success of Hungarian efforts as the GOH treats corruption-related information and prosecutions as classified national security information.

AGREEMENTS AND TREATIES: Hungary is party to the 1961 UN Single Convention, as amended by the 1972 Protocol, the 1971 UN Convention on Psychotropic Substances, and the 1988 UN Drug Convention. A mutual legal assistance and extradition treaty between the U.S. and Hungarian Governments has been in force since 1997. These agreements have paved the way for closer cooperation between the U.S. and Hungarian law enforcement agencies. In addition, in December 2006 the

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Hungarian National Assembly ratified the UN Convention against Transnational Organized Crime and its protocols against trafficking in persons and migrant smuggling. The United States and Hungary also have a bi-lateral extradition treaty in effect. Hungary is a party to the UN Corruption Convention.

CULTIVATION/PRODUCTION: GOH authorities report that marijuana is cultivated in western Hungary with seeds being transported in from Slovakia and the Netherlands, while the technical equipment was available in domestic points of sale disguised as "agricultural" stores. The number of marijuana plant seizures continuously increased during the past years, indicating an increasing problem with domestic marijuana production. A significant proportion of seized plants was grown in nutrient cubes in artificial (i.e. indoor) environments. An increasing number of foreigners are reportedly entering Hungary to establish and operate clandestine marijuana farms. Law enforcement officials cite this foreign influence as the primary source of financial and technological support in the industry. Ecstasy and LSD may also be manufactured locally, however, to date no production laboratories have been discovered. All other illegal narcotics are smuggled into Hungary rather than produced domestically.

DRUG FLOW/TRANSIT: Hungary is primarily a narcotics transit country, with different types of narcotics arriving to the country via routes oftentimes controlled by criminal groups. Heroin is trafficked into Hungary from the south along the Balkan route by organizations that have ethnic, family, and blood ties to the country. Cocaine is most commonly smuggled in by a Nigerian courier operation which recruits Hungarian women to act as couriers and to conscript others to the organization. The HNP reported that the Nigerian operation is looking to establish new routes into Hungary through southern Europe where the drugs arrive by ships from South America and North Africa.

The HNP reported that synthetics are transported into Hungary from newly established labs in Serbia. Synthetic drugs are becoming more popular, with the highly lethal drug nicknamed "Gina" the preferred choice among most users. The HNP also reported that a growing source of synthetics and cocaine is the Netherlands, while heroin generally arrives from Turkey and Albania via Romania. Many long-term resident Albanians, Turks, and Nigerians are also reportedly involved in trafficking. Budapest's Ferihegy International Airport continues to be an important stop for cocaine transit from South America to Europe. Synthetic drugs such as Ecstasy are transported into Hungary, frequently via car from the Netherlands and other Western European countries. The agent in marijuana arriving from abroad has recently changed to a more concentrated form.

DOMESTIC PROGRAMS/DEMAND REDUCTION: Hungarian ministry officials report that drug abuse is significantly higher among youth between the ages of 12-25 and truly addicted abusers are commonly found in the 25-34 age group. The majority of addicted drug abusers are male, with an average age of 25 years, who use amphetamines, heroin, or Ecstasy.

Drug prevention programs are taught to teachers as part of the normal teacher education training. In 2008, the GOH provided drug prevention education grants to 230 schools totaling HUF 157,098,200 (USD \$785,491). From those grants, 35,557 schoolchildren studying in grades 5-8 (age 10-14) and 81,237 secondary school students (age 14-18) participated in prevention activities, representing 8 percent and 17.2 percent of the student population, respectively.

Public schools in Hungary include several drug prevention and health promotion programs in their normal education program. The life skills program is the largest of the counter-narcotics programs and was developed in the early nineties with INL assistance through USIA. Through 2005, the fifteen year program had trained nearly 12,000 teachers and educators. Community-based prevention efforts are primarily focused on the teen/twenties age group and provide information about the dangers of substance abuse, while emphasizing active and productive lifestyles as a way of limiting exposure to drugs.

There are approximately 230 health care institutions that care for drug patients in Hungary. The total number of drug users receiving both inpatient and outpatient treatment during 2007 was 13,457, and was broken-down as follows:

Addiction treatment centers:

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number / percent all patients = 2,807 / 20.9
number / percent new patients = 728 / 18.0

Specialized outpatient treatment centers:

number / percent all patients = 5,641 / 41.9
number / percent new patients = 2,115 / 52.4

Child and youth psychiatric care centers:

number / percent all patients = 9 / 0.1
number / percent new patients = 8 / 0.2

Psychiatric care centers:

number / percent all patients = 288 / 2.1
number / percent new patients = 146 / 3.6

Psychiatric and addiction treatment inpatient care:

number / percent all patients = 1,161 / 8.6
number / percent new patients = 278 / 6.9

Other (toxicology):

number / percent all patients = 3,551 / 26.4
number / percent new patients = 761 / 18.9

TOTAL

number / percent all patients = 13,457 / 100.0
number / percent new patients = 4,036 / 100.0

Fourteen organizations operated needle exchange programs in 2007 and distributed a total of 213,774 sterile needles in exchange for 105,313 used needles. The joint programs reached 2,019 clients in 2007, and increase of 14 percent over the previous year. Together the organizations distributed the sterile needles via mobile units, street outreach, and needle vending machines. The total number of needles distributed in 2007 was 30 percent higher than the 2006 total.

The Ministry of Health continues to establish and fund drug outpatient clinics in regions where such institutes are generally not available. The 2003 amendment to the Hungarian counter-narcotics legislation was designed to shift the focus of criminal investigations from consumers to dealers. Before this amendment was enacted, Hungarian civil rights advocates claimed that the Hungarian narcotics law, among the toughest on users in Europe, subjected even casual users to stiff criminal penalties, while addicts were often exempted from prosecution. The 2003 amendment, called the "diversion program," allowed police, prosecutors, and judges to place drug users in a 6-month government-funded treatment program or mandate participation in a counseling program instead of prison. Drug addicts are encouraged to attend treatment centers while casual users are directed to prevention and education programs. The amendment also provided judges with alternatives and flexibility when sentencing drug users. According to Ministry of Health data, 2,930 drug users participated in diversion programs in 2007.

Due to the continued increase in the rate of drug use as well as drug-related crime in Hungary, the GOH has become dissatisfied with the results of the treatment-focused deterrence system and is currently considering a return to the punishment-based system. As a result, the constitutional court has begun to scale-back treatment programs in its sentencing guidelines and focus again on prison sentences. However, the State Secretary for Drug Affairs has reconfirmed the GOH commitment to maintaining treatment programs as an alternative to simple prison time for drug abusers.

IV. U.S. Policy Initiatives and Programs

BILATERAL COOPERATION: The primary USG focus in support of GOH counter-narcotics efforts is through training and cooperative education at the International Law Enforcement Academy (ILEA). In addition, the DEA maintains a regional office in Vienna, Austria that is accredited to Hungary to work with local and national Hungarian authorities. However, because of recent restructuring within the HNP drug units, direct contact between the DEA and HNP diminished in 2007. An FBI task force located within the HNP headquarters responds to DEA requests for information about seizures and trends in trafficking.

ROAD AHEAD: The USG continues to support and encourage Hungarian legislative efforts to stiffen criminal penalties for drug offenses and will continue to support GOH law enforcement efforts through training programs and seminars at ILEA as well as through specialized in-country programs.

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